

IH60500 Attachment 9.4

5-day Employee Notification Record

Date Results Received:		Date Notification Due:					Date Notification Completed:		
Date of Sampling:			Work Location:						
Work Being Conducted:									
This Section to be completed by the Index Exposure in Compliance with Standards (ACGIH & OSHA)		Exposure Exc Standard but Er Protected by			nployee		Sta	posure Exceeds Standards (ACGIH or OSHA)	
Review of this data is exposure levels were compliance with regularity. The employees represented by this emonitoring were informative the results by: Print Name: Notifier's Signature:	Review of this data indicates ambient levels were above a regulatory level. Worker's personal protective equipment was sufficient. Employees represented by this exposure were informed of the results and corrective actions by: Print Name: Notifier's Signature:				ex req req mo res	Review of this data indicates exposure levels were ABOVE a regulatory limit. The employees represented by this exposure monitoring were informed of the results and corrective actions by: Print Name: Notifier's Signature:			
Hazard:									
Employee Name/ BNL ID #'s	Calculated Exposure Without PPE Protection a. Real time Exposure= b. TWA ₈ =			W PPE Pr				ACGIH Occupational Exposure Limits TLV = STEL = C =	
PEL = Permissible Exposure Limit AL = Action Level C = Ceiling Limit TLV = Threshold Limit Value STEL = Short Term Exposure Limit Real time Exposure= Concentration during sampling									
Required was Corrective Action Ne			Expo		ove Occu	•	ols, PPE):	Sure Limit(s) Implementation Due Date:	
Who received a copy of this form: Write in Worker: Worker:			ame Supervi IHG:		ESH Coordinator: Other:		nator:		
Worker: Worker: Form Rev3 04/19/06			OMC: FS Rep:				Other:		